

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILED DATE

APPLICANT(S)

CLAIMS

	AS FILED		1ST/2ND AMENDMENT		3RD/4TH AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
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49						
50						
TOTAL IND.	4					
TOTAL DEP.	10					
TOTAL CLAIMS	74					

CLAIMS	1		2		3	
	IND	DEP	IND	DEP	IND	DEP
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TOTAL DEP.						
TOTAL CLAIMS						